

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90009 047 ****61.25

DOCUMENT # N30384
 1. Entity Name
GOOD NEIGHBOR COUNCIL FOR AIRCRAFT NOISE CONTROL

| | |
|--|--|
| Principal Place of Business C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401-3475 US | Mailing Address C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401-5950 US |
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0097310** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MCCRACKEN, JOHN B. 505 SOUTH FLAGLER DRIVE, SUITE 1100 P.O. BOX 3475 WEST PALM BEACH FL 33401-3475 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANN K. MAUS 200 ARGYLE ROAD WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALFRED MARULLI 167 CLARENDON AVENUE PALM BEACH FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALEXANDER F. GIACCO, JR. 143 CLARENDON AVENUE PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST JOHN B. MCCRACKEN 505 S.FLAGLER DR.#1100 W. PALM BEACH FL 33401-3475 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: **SIGNATURE REQUIRED** *See return 4/21/00 (561)659-3000*

DATE _____ DAYTIME PHONE # _____

CR2E037 (9/99)